

# 9 FAM 42.22 Exhibit III

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## 42.22 EXHIBIT III FORM DSP-117 – APPLICATION TO DETERMINE RESIDENT STATUS

<b>TYPE OR PRINT ALL ANSWERS CLEARLY</b>		OMB APPROVAL NO. 1405-0091 EXPIRATION DATE: 1-31-96 ESTIMATED BURDEN: 30 MINUTES*																				
<b>U.S. DEPARTMENT OF STATE APPLICATION TO DETERMINE RETURNING RESIDENT STATUS</b>																						
<p><b>INSTRUCTIONS:</b> This is an application for Special Immigrant Status under Section 101(a)(27)(A) of the Immigration and Nationality Act, for lawfully admitted permanent residents who are returning from a temporary visit abroad. To qualify you must submit with this application evidence that:</p> <p>(1) You had the status of an alien lawfully admitted for permanent residence at the time of departure from the United States;</p> <p>(2) You departed from the United States with the intention of returning and you have not abandoned this intention; and</p> <p>(3) You are returning to the United States from a temporary visit abroad and, if the stay abroad was protracted, this was caused by reasons beyond your control and for which you are not responsible.</p> <p>Applicants must submit evidence with this application to support the above requirements, including proof of lawful permanent residence, (Examples: Form I-151, I-551, Reentry Permit, etc.), dates of travel abroad, (Example: airline tickets, passport stamps, etc.), proof of ties to the United States and intent to return, (Example: tax returns, and evidence of economic, family and social ties to the United States), and proof a protracted stay was for reasons beyond the applicant's control, (Examples: medical incapacitation, employment with a U.S. company, accompanying a U.S. citizen spouse, etc.). All documents will be returned to you.</p>																						
<p>1. NAME <span style="float: left;">(Last name)</span> <span style="float: left;">(First name)</span> <span style="float: left;">(Middle name)</span></p>																						
<p>2. OTHER NAMES USED, ALIASES <span style="float: left;">(If married woman, give maiden name)</span></p>																						
<p>3. CURRENT HOME ADDRESS AND TELEPHONE NUMBER</p>																						
<p>4. PLACE OF BIRTH <span style="float: left;">(City, Province, Country)</span> <span style="float: right;">5. DATE OF BIRTH <span style="float: left;">(Month, Day, Year)</span></span></p>																						
<p>6. MARITAL STATUS</p> <p style="text-align: center;"> <input type="checkbox"/> Married      <input type="checkbox"/> Single      <input type="checkbox"/> Widowed      <input type="checkbox"/> Divorced         </p> <p>If married, information about spouse –</p> <p>a. Name: _____</p> <p>b. Address: _____</p> <p>c. Place of Birth: _____</p> <p>d. Date of Birth: _____</p> <p>e. U.S. Residence Status, if any (U.S. citizen, LPR, etc.): _____</p>																						
<p>7. LIST BELOW ALL CLOSE FAMILY MEMBERS IN THE UNITED STATES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">FULL NAME</th> <th style="text-align: left; border-bottom: 1px solid black;">RELATIONSHIP</th> <th style="text-align: left; border-bottom: 1px solid black;">RESIDENCE STATUS</th> <th style="text-align: left; border-bottom: 1px solid black;">PLACE OF RESIDENCE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			FULL NAME	RELATIONSHIP	RESIDENCE STATUS	PLACE OF RESIDENCE																
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<p>8. PREVIOUS IMMIGRATION RECORD</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>a. INS "A" Number: _____</p> <p>c. Previous Immigrant Visa:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">DATE OF ISSUE</td> <td style="width: 50%;">PLACE OF ISSUE</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> </td> <td style="width: 50%; vertical-align: top;"> <p>b. Immigration Category: _____</p> <p>d. Adjustment of Status</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">DATE OF ADJUSTMENT OF STATUS WITH I.N.S. (IF ANY)</td> <td style="width: 50%;">PLACE OF ADJUSTMENT OF STATUS WITH I.N.S. (IF ANY)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> </td> </tr> <tr> <td style="vertical-align: top;"> <p>e. Initial Entry into the United States:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">DATE OF ENTRY</td> <td style="width: 50%;">PORT OF ENTRY</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> </td> <td style="vertical-align: top;"> <p>f. Last Entry into the United States:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">DATE OF ENTRY</td> <td style="width: 50%;">PORT OF ENTRY</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> </td> </tr> </table>			<p>a. INS "A" Number: _____</p> <p>c. Previous Immigrant Visa:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">DATE OF ISSUE</td> <td style="width: 50%;">PLACE OF ISSUE</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	DATE OF ISSUE	PLACE OF ISSUE			<p>b. Immigration Category: _____</p> <p>d. Adjustment of Status</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">DATE OF ADJUSTMENT OF STATUS WITH I.N.S. (IF ANY)</td> <td style="width: 50%;">PLACE OF ADJUSTMENT OF STATUS WITH I.N.S. (IF ANY)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	DATE OF ADJUSTMENT OF STATUS WITH I.N.S. (IF ANY)	PLACE OF ADJUSTMENT OF STATUS WITH I.N.S. (IF ANY)			<p>e. Initial Entry into the United States:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">DATE OF ENTRY</td> <td style="width: 50%;">PORT OF ENTRY</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	DATE OF ENTRY	PORT OF ENTRY			<p>f. Last Entry into the United States:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">DATE OF ENTRY</td> <td style="width: 50%;">PORT OF ENTRY</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	DATE OF ENTRY	PORT OF ENTRY		
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<p>9. MOST RECENT DEPARTURE FROM UNITED STATES</p> <p>Date of Departure: _____ Destination: _____</p> <p>Reason: _____</p>																						
<p>FORM DSP-117 6-92</p> <p style="font-size: x-small;">*Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (OIS/RA/DR) Washington, D.C. 20520-0284, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1405-0091), Washington, D.C. 20503.</p>																						

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## Form DSP-117 – Continued

10. WHAT CONTINUING TIES HAVE YOU MAINTAINED WITH THE UNITED STATES? WHAT EFFORTS HAVE YOU MADE TO AVOID ABANDONING YOUR PERMANENT RESIDENT STATUS IN THE UNITED STATES?		
11. REASONS FOR NOT RETURNING TO THE UNITED STATES UNTIL TIME OF THIS APPLICATION		
12. LIST BELOW ALL PERIODS THAT YOU HAVE LIVED ABROAD FOR SIX MONTHS OR LONGER SINCE YOUR INITIAL ENTRY INTO THE UNITED STATES AS A PERMANENT RESIDENT		
<u>DATES (FROM -- TO)</u>	<u>COUNTRY</u>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
13. HAVE YOU BEEN EMPLOYED ABROAD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If "Yes," complete the following:		
<u>NAME OF EMPLOYER</u>	<u>ADDRESS</u>	<u>FROM -- TO</u>
_____	_____	_____
14. I WISH TO RETURN TO THE UNITED STATES ON OR ABOUT _____ (Date)		
15. I swear or affirm that all statements which appear on this application are true and complete to the best of my knowledge and belief. I understand that any false or misleading statement or willful concealment of a material fact may subject me to permanent exclusion from the United States. I understand that if this application for special immigrant status is approved, I must apply for an immigrant visa within six months from the date of approval.		
_____	_____	_____
Signature of Applicant	Date	
DO NOT WRITE IN THIS SPACE - OFFICIAL USE ONLY		
<input type="checkbox"/> Approved 101(a)(27)(A)	<input type="checkbox"/> Disapproved	
Reason:		
_____	_____	At: _____
Signature of Consular Officer	Date	Post
REVIEWED: <input type="checkbox"/> Concur	<input type="checkbox"/> Do NOT Concur	
_____	_____	_____
Signature of Reviewing Officer	Date	

